

## NON-DUBAI & NON ABU-DHABI PLAN

Client Name:

**Plan 2**

Date:

Eligibility	Working Staff with valid UAE Resident Visa
Medical Network	Lifeline Empire Network <i>(TPA reserves the right to update the list of Health Providers)</i>
Annual upper aggregate claims limit (including any coinsurance and/or deductibles)	<b>AED 100,000 /-</b>
Geographic scope of coverage - Basic healthcare services	Within Emirates of all UAE (excluding AUH & AL AIN) extended to Indian Subcontinent only. On reimbursement basis as per Lifeline Standard tariff rates for In-Patient treatment *Direct Billing facility in INDIA & Pakistan for Elective In-Patient treatment on pre- approval basis **Outside UAE coverage whilst insured is on vacation or business trip for a maximum 60 days
Emergency Medical Treatment	Within all the Emirates of UAE
Emirate of visa issuance	Northern Emirates Visa Holders
Period of Cover	<b>12 months</b>
Members Covered	Employees only
Network	Inpatient providers list in the network (Attached) to be used for <u>inpatient only</u> . Outpatient providers list in the network (Attached) to be used for <u>outpatient services only</u> .

### **In-Patient: SUB-LIMIT: AED 50,000**

**No costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General**

Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases (Prior approval required)	<b>20%</b> coinsurance payable by the insured with a cap of 500 AED payable per encounter and an annual aggregate cap of 1000 AED. Above these caps the insurer will cover 100% of treatment.
Emergency treatment (Approval required within 24 hours of admission to the authorized hospital)	
In-patient services will be received in rooms of two or more beds (Prior approval required)	
Ground transportation services in the UAE	
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Maximum 100 AED per night for 1 Week only.
The cost of accommodating a person accompanying an insured child up to the age of 16 years	Maximum 100 AED per night for 1 Week only.

<b>INSIDE UAE</b>	<ul style="list-style-type: none"> <li>• <b>Inside Network:</b> Inpatient providers list in the network (Attached) to be used for Inpatient only.</li> <li>• <b>Outside Network:</b> <ul style="list-style-type: none"> <li>• Elective treatment: <b>Not covered</b></li> <li>• Emergency treatment (“life threatening” cases): 100% of actual cost subject to maximum of the least cost available in the UAE Network tariff for that service and subject to applicable coinsurance on reimbursement basis.</li> </ul> </li> </ul>
<b>OUTSIDE UAE</b>	<p>Covered in Indian Subcontinent on reimbursement basis, Subject to a maximum of least cost available in home country provider network for In-Patient treatment up to AED 10,000.</p> <p>*Emergency cases intimation to be given within 24 hours only.</p> <p>**Direct Billing facility in INDIA &amp; Pakistan for Elective In-Patient treatment on pre- approval basis</p> <p>***Outside UAE coverage whilst insured is on vacation or business trip for a maximum 60 days</p>
<b>IP &amp; OP Maternity Services:</b>	Not Covered
<b>Treatment for Pre-existing &amp; Chronic Conditions</b> *subject to exclusion list	<b>Covered with 6 months waiting period</b> SUBLIMIT : Covered up to AED 15,000 /- for IP treatment
Per one medical condition	AED 12,500/-

<b>Out-Patient: SUB-LIMIT: AED 50,000</b>	
Examination, diagnostic and treatment services by authorized general practitioners, specialists and consultants	<b>AED 25 payable by the insured per visit</b> Specialists/Consultants allowed after General Practitioner referral
Follow-up visits within 7 days	NIL
Laboratory test services carried out in the authorized facility assigned to treat the insured person	25% coinsurance payable by the insured
Radiology diagnostic services carried out in the authorized facility assigned to treat the insured person. In cases of non-medical emergencies, Prior approval is required for MRI, CT scans and endoscopies	25% coinsurance payable by the insured
Physiotherapy treatment services (Prior approval is required)	Maximum 6 sessions with 25% coinsurance, only if required by a consultant Orthopedic surgeon (up to AED 120 per session)
Drugs and other medicines <b>“As per MOH approved formulary drug list”</b>	30% payable by the insured in respect of each and every prescription up to an annual limit of AED 3,000
<b>Treatment for Pre-existing &amp; Chronic Conditions</b> *subject to exclusion list	<b>Covered with 6 months waiting period</b> SUBLIMIT : Covered up to AED 5,000 /- for OP treatment
<b>INSIDE UAE</b>	<ul style="list-style-type: none"> <li>• <b>Inside network: Direct billing @Lifeline Network Clinics Only</b></li> <li>• <b>Outside network : Not Covered</b></li> </ul>
<b>OUTSIDE UAE</b>	Not Covered

**• Individual Health Declaration Form (MAF) is mandatory.**

**Reimbursement Clause**

Lifeline TPA will reimburse the Medical Bills and Medicines based on attached tariff list only, the Procedures or medicines which is not mentioned in the attached tariff list will not be reimbursed at all.

In Case:

- a) the clinic is closed and the patient has to use the Non-Network Clinic or Pharmacy
- b) Policy was activated later than the inception date for any specific reason
- c) policy was suspended for any reason
- d) patient has to use any government/private hospital on emergency in day or night

Lifeline TPA will reimburse the Bills based on instruction from Insurer (the deductible and co-pay will be applicable as per the client TOB).

Note:

- ❖ "Out of UAE" Outpatient reimbursement is not applicable.
- ❖ Patient needs to submit the claims within the stipulated time as per the checklist of the Reimbursement form.
- ❖ In case, Lifeline TPA requires original claims, Bills, Reports, or invoices, it should be submitted for verification purposes.
- ❖ Coverage outside UAE is subject to a maximum of 60 days for business trips or vacations.

## **EXCLUSION AS A PART OF POLICY**

1. Healthcare Services, which are not medically necessary.
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments excluding treatment necessitated by traumatic and violent injury.
3. Custodial care; domiciliary care; private duty nursing; respite care; rest cures. Custodial care means (1) non-health related services, such as assistance in activities of daily living, or (2) health-related services which do not seek to cure or which are provided during periods when the medical condition of the patient is not changing or (3) services which do not require continued administration by trained medical personnel.
4. Personal comfort and convenience items or services including but not restricted to television, telephone, barber or beauty service, guest service and similar incidental services and supplies.
5. Plastic and cosmetic surgery and treatment (including removal of excess fat, LIPOMA, hair transplant / removal, cosmetic treatment for the skin, pigment disorder of hair and skin, corns, bunions, Keloid, Acne, warts, Nevus, Mole, skin tags, PUVA/UVB therapy etc.). Treatment of scalp or dandruff, hair transplant, acne, epidermal cyst, sebaceous cyst.
6. Replacement of an existing breast implant.
7. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
8. Healthcare Services, apart from Healthcare Services rendered in a Medical Emergency that are not performed by Authorized Providers without prior approval of the Authorized Insurer.
9. Treatment for alopecia, baldness, hair falling, dandruff, wigs, ortoupees.
10. Treatment and services for smoking cessation programs and the treatment of nicotine addiction.
11. Treatment and services for any drug addiction or substance abuse or addiction.
12. Amniocentesis except where certified by a medical practitioner to be medically necessary.
13. Treatment and services for sex transformation operations, voluntary sterilization and for reversal of

sterilizations.

14. Epilepsy, Seizures, Multiple sclerosis, Liver Cirrhosis, Fall in bathroom, Thalassemia, blood transfusion, anemia, thrombocytopenia, leucopenia and syphilis test and treatment, Treatment of Varicose Veins. (Unless it is covered by insurer and mentioned in policy – TOB as covered)
15. Treatment and services for contraceptive supplies or services.
16. Treatment and services related to fertility/infertility treatment including varicocele or polycystic ovary/ ovarian cyst or hormonal disturbances, and sexual dysfunction.
17. Treatment of venereal diseases medically accepted to be transmitted by intercourse.
18. Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities.
19. Sport – professional / amateur sportsmen and women and dangerous sports / the involvement in any underwater activity
20. Growth hormone therapy.
21. Terrestrial transportation in cases other than Medical Emergencies.
22. Transportation by means other than local licensed ambulance services.
23. Air ambulance transportation.
24. Mental Health diseases, both out-patient and in-patient treatments, unless it is an emergency condition.
25. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.
26. All preventative and routine processes, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric or psychological examinations or testing during these examinations, except where such treatments or services are required in connection with the provision of Healthcare Services.
27. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
28. Treatments and services for the analysis and adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, or for muscle stimulation by any means, except treatment of fractures and dislocations of the extremities.
29. Treatments and services for acupuncture; acupressure, hypnotism, Rolfing, massage therapy, aromatherapy, homeopathic treatments, and other forms of alternative treatment.
30. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperm transfer.
31. Elective non-accident-related surgery for correction of refraction errors and/or improvement of vision (quantitative or qualitative), including but not limited to radial keratotomy, photokeratectomy, chalazion, Cataract, Retinal detachment or laser surgery.
32. Nasal septum deviation and nasal concha resection.
33. All conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.
34. Any healthcare services and associated expenses for HIV, AIDS and all related medical conditions, following confirmation of diagnosis.
35. Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
36. Congenital Diseases/malformations and Developmental defects/disorders.
37. Hereditary defects/sicknesses, Congenital Anomalies &/or deformities, Chromosomal Defects and Genetic Deficiencies
38. Hearing and sight correction tests, audiovisual aids and optometry.
39. All cases resulting from alcoholism, use of drugs and/or hallucinatory substances.
40. Senile dementia and Alzheimer's disease
41. Circumcision, treatment of Varicocele, Hydrocele, and birth control with their complications.
42. Maternity Not covered Unless mentioned in the TOB
43. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
44. More than one consultation with a medical practitioner in a single day for Healthcare Services or follow-up consultations where not certified by a medical practitioner to be medically necessary.

45. Lesions resulting from attempted suicides or self-inflicted non-accidental injuries.
46. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
47. Complications directly arising from excluded Healthcare Services.
48. Criminal actions of an Insured Person, including the violation or attempted violation of the law and resistance to lawful arrest or any resultant imprisonment.
49. Officially recognized epidemics and pandemics.
50. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
51. Wars and circumstances comparable with a state of war, invasion, act by a foreign enemy, hostilities and warlike events (with or without a declaration of war), civil war, riot, mutiny, revolution, confiscation or nationalization by order of any public or local government or authority; any act of a person acting in the name of or in connection with any organization whose activities aim to overturn a de jure or de facto government violently.
52. Nuclear risks: e.g., exposure to nuclear energy (nuclear reactions, radiation, contamination) or nuclear waste of any type or chemical contamination.
53. Natural catastrophes including but not limited to avalanches, earthquake, volcanic eruptions, tsunamis, hurricanes, tornados or any other kind of natural hazard.
54. Any act of terrorism, which shall mean an act, including but not limited to the force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
55. Any Road traffic accident either self-collision or with any other party.
56. Any expenses related to immunomodulators and immunotherapy.
57. Dermatological diseases which treatment is required for cosmetic purposes and all non-infected skin lesions. Psoriasis, Vitiligo, Lichen-Planus, Warts, Corns, Acne are excluded.
58. Varicose Veins.
59. Work related injuries / illnesses covered under workmen compensation act or similar legislation.
60. Premature babies & Neo-natal Conditions.
61. Vaccination and Treatment against communicable diseases (e.g. Meningitis, Cholera, Hepatitis, rubella, Chicken pox, Herpes Zoster, Tuberculosis, COVID-19 etc.). Bird flu, Swine Flu, animal bites, treatment required after animal attack, syphilis test and treatment.
62. Poisoning / Food Poisoning / Animal Bite poisoning, pulmonary tuberculosis, oncology (Chemotherapy / Radiotherapy / PET Scan / mammograms / Pap smear testing), ear piercing (Unless it is covered by insurer and mentioned in policy TOB as covered), in growing Toe nail / nail removal.
63. Pregnancy including childbirth, abortion/miscarriage, antenatal & postnatal care.
64. Dental and gum diseases and treatment, orthodontics, dental prostheses, related medicines, oral hygiene, oral sprays, except emergency treatment conducted within 48 hours of an external force injury or accident (as per the policy coverage limit only – if covered).
65. Expenses for which the other Insurer is liable, including expenses associated with occupational injuries and diseases, motor vehicle accidents and medical services covered by other forms of insurance.
66. Nasal Spray, Inhaler, Nasal concha resection, Nasal Polyps, Deviated Nasal Septum Correction / Septoplasty / Tympanoplasty / Sub mucous resection.
67. Multiple sclerosis, Liver Cirrhosis, Thalassemia, blood transfusion, anemia, thrombocytopenia, leucopenia.
68. All preventive cares, including vaccinations, screening tests, immunizations, desensitization; any physical, psychiatric or psychological examinations or testing during these examinations.

#### **Pharmaceutical Exclusion List**

1. Vitamins / Multi vitamin.
2. Vaccines and Sera.
3. Cosmetics preparations (Creams/Lotions)
4. Supplementary medicines i.e., Iron, Calcium, Magnesium, etc.
5. Crepe Bandages, supports (any type), Cervical Collars,

6. Hearing Aids, dipsticks, Syringes, needles, I.V. sets,
7. Hormonal Replacement Therapy, Insulin pen / all Pre-Filled Injections,
8. Medicine Related to acne
9. Crutches, Braces, Slings, Lumbar Supports/Corsets, Other Joint Supports,
10. Relief Gels, Lotions and plasters.
11. Support Stockings/Pantyhose
12. Massage machines, Exercise machines
13. Nebulizers, Orthopedic Shoes, Heel pad/Arch Support
14. Drugs without Doctor's prescription. Products / substances not considered as medicines.
15. Products not considered as prescription drugs by Ministry of Health such as but not restricted to mouthwash, toothpaste, lozenges, antiseptic solutions, milk formulas, skin care products and diapers. All substances which are not considered medicines such as, mouthwash, toothpaste, lozenges, antiseptics, children's milk formulas, skin care products, shampoos and vitamins (unless prescribed by doctor for a specific disease) and all equipment not primarily intended to improve a medical condition or injury such as, but not restricted to, air conditioners or air purifying systems, arch supports, convenience items/options, exercise equipment and sanitary supplies. Patent medicines and homeopathic preparations; Contraceptives and apparatus to prevent pregnancy; and Bandages, cotton wool and similar aids.

**Cancellation Charges**

If cancelled within 1st month of cover 25 % annual premium.

For each subsequent month, later – additional 12.5 % premium for each month.

**Deletion Clause:**

No refund will be payable if there is any claim occurred.